USAID Community Care Program (USAID Programa de Cuidados Comunitários) Task Order No. GHH-I-05-07-00043-00

 # Quarter Report: Q4 of Yr 3, July - September 2013 (Q12)

Date of Submission: 31 October 2013

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List of Acronyms *indicates the Portuguese acronym here rendered in English

AIDS	Acquired Immune Depressant Syndrome
ANEMO*	Mozambique National Nurses Association
ART	Anti-Retroviral therapy
ARV	Anti-Retroviral
BOM*	Banco Oportunidade de Mozambique
CAP	Capable Partners Project
CCP	Community Care Program
CDC	Centers For Disease Control and Prevention
CHASS-Niassa	Clinical HIV AIDS Systems Strengthening Project – Niassa
CHASS-SMT	Clinical HIV AIDS Systems Strengthening Project – Sofala, Manica, Tete
CSO	Civil Society Organization (same as CBO, Community Based Organization)
DNAM*	National Directorate of Medical Assistance
DPMAS*	Provincial Directorate of Women and Social Action
DPS*	Provincial Directorate of Health
DQA	Data Quality Assessment
FANTA	Food and Nutrition Technical Assistance
FHI 360	Family Health International
GAAC*	Community Adherence Support Group
GAVV*	Office of Violence Against Women
GRM	Government of the Republic of Mozambique
HIV	Human Immunodeficiency Virus
HBC	Home Based Care
HU	Health Unit
INAS*	Nacional Institute of Social Action
M2M	Mother to Mother groups
M&E	Monitoring and Evaluation
MISAU*	Ministry of Health
MMAS*	Ministry of Women and Social Action
MoU	Memorandum of Understanding
MUAC	Middle Upper Arm Circumference
NGO	Non Governmental Organization
NPCS*	Provincial Nucleo to Fight AIDS
OVC	Orphans and Vulnerable Children
PH	Project HOPE
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
PNAC*	National Action Plan for Children
PPP	Public Private Partnership
PPPW	Pre and/or Post-Partum Women
PSI	Population Services International
PSS	Psychosocial Support

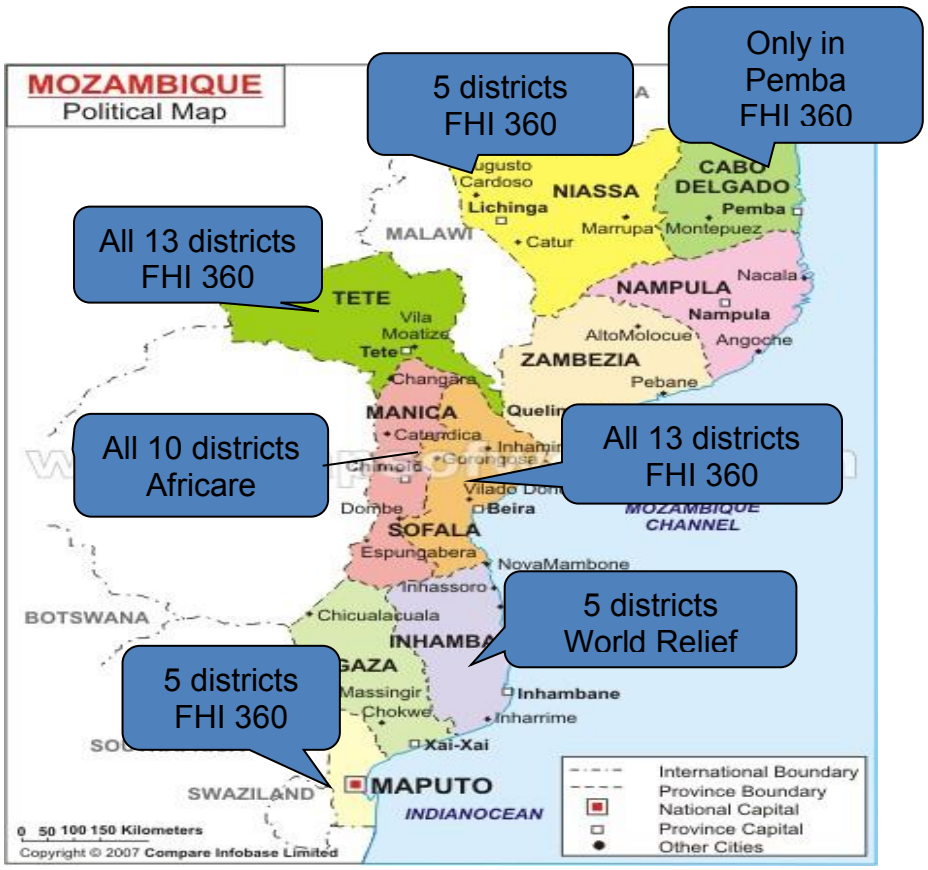
RMAS*	Department for Women and Social Action
ROADs	Regional Outreach Addressing AIDS through Development Strategies (ROADS)
SDSMAS*	District Services of Health, and Women and Social Action
TA	Technical Assistance
TB CARE	TB Project Care
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VS&L	Village Savings and Loan (groups)
WR	World Relief International

1. **Project Duration: (5)** Five years

2. **Starting Date:** September 2010

3. **Life of project funding:** September 2010 – September 2015

4. **Geographic Focus**: Maputo, Inhambane, Sofala, Manica, Tete, Cabo-Delgado and Niassa Provinces, 52 districts the per map.



5. **Program/Project Results (Objectives)**

USAID/Mozambique's Community Care Program (CCP), also known as Programa de Cuidados Comunitários (PCC) in Portuguese, is designed to strengthen the community-based response to HIV/AIDS in seven provinces and improve the health and quality of life of people living with HIV (PLHIV), orphans and vulnerable children (OVC), and pre- or post-partum women. Working in close partnership with civil society organizations (CSOs), the Ministry of Health (MoH, or MISAU in Portuguese), the Ministry of Women and Social Action

(MMAS in Portuguese), and the private sector, CCP will also strengthen the government's capacity to coordinate, manage, and oversee an integrated continuum of care and support and will build the CSOs' capacity to provide comprehensive, community-based care and support services. Within five years, CCP will achieve for PLHIV, pre- or post-partum women, OVC and their families: increased provision of family-centered, community-based HIV care and support services, and increased access to economic strengthening activities and resources for HIV-affected households.

The CCP results (objectives) are:

1) Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.
2) Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).
3) Increased numbers of HIV/AIDS positive individuals and affected households have adequate assets to absorb the shocks brought on by chronic illness.

CCP also applies six cross-cutting strategies to ensure the sustainability of project results, including: 1) community-driven approaches; 2) services integration; 3) capacity building and systems strengthening; 4) partnership and coordination; 5) performance improvement; and 6) gender-sensitive and age-appropriate interventions.

6. Summary of the reporting period, Q4-Yr 3

In this fourth quarter of the third year, in spite of pockets of unrest in some parts of the country, CCP continues implementing, with a strong focus on OVC families. CCP made significant progress toward its targets in all areas of this complex project, and actually exceeded annual targets in several areas. CCP remains dedicated to its holistic approach and works hard to weave the components together for demonstrable improvements in quality of life for project beneficiaries, while addressing the multiple levels in which it implements. Capacity building of CSOs in management, gender mainstreaming, psychosocial support and child protection, adherence and retention of PLHIV, data management, comprehensive referrals, local involvement and economic strengthening activities are all widespread and well received. The development and use of quality assessments in all areas – technical and, organizational – is strengthening the CPP family approach, coordination with government, and community participation for the benefit of all target groups. *Activistas* continue to perform effectively as a result of technical assistance (TA), trainings and on-the-job mentoring provided by the technical officers from provincial and national levels.

The following **OVC family story** summarizes this reporting period well, not only showcasing the key CCP inputs, linkages, and project strengths, but also serving to exemplify the long timeline often necessary to fully realize the benefits. *Activistas* in Mutarara district, Tete Province, first enrolled the Nhamithambo family - three children and their widowed mother - in September 2012.

A community leader referred this family to the *activista* of the CCP implementing CSO partner Caritas. Family members were linked first to SDSMAS and Civil Registry to become registered, followed by obtaining

birth certificates for the children – 6, 9, and 12 years old, and the poverty certificate which positioned them for further institutional support. The community was mobilized to renovate the family house with new roofing and uprights, to protect them from the elements. The mother was counseled properly and upon HIV testing was found to be negative; she has a serious vision deficit so receives ongoing clinic check-ups. The accustomed CCP inputs were provided – PSS for the children, nutrition education for the mother, the PSI Family Health Kit with skills transfer on water purification, etc. A unique linkage opportunity in this province is with CAROD-Caritas, who will construct an improved latrine for this family. Best of all, the two older children are enrolled in school, inspiring the eldest to dream of becoming a teacher himself.

Nhamitambo family with *activista*, birth certificates, renovated house

This second **OVC family story** also exemplifies this reporting period well, reflecting the common vulnerability factors so many young girls face, and the CCP holistic and gender sensitive approach to inputs, linkages, and project strengths.

Three young girls, 13, 14, and 12 years old, share very similar circumstances living in Manhiça district, Maputo Province. Two of the fathers are deceased, the third out of the family via divorce. Two of the mothers are HIV+, the third simply left the daughter. Two of them live with their grandmothers, or bounce back and forth from the grandmothers to the sick mothers, to care for them; one lives solely with her sick mother. Of course the sad and all too frequent outcome of these circumstances is that all three girls were not able to attend school, as is appropriate for their age and development.

An CIDECO *activista* engaged community leaders to assist with enrolling these girls in CCP. She also drew up care plans for the girls and their mothers, referred the mothers to the Health Units, provided PSS to the girls, facilitated poverty certificates for them to further facilitate a smooth enrollment into relevant schools and accessing needed school materials. The *activista* also provided education on nutrition, household and personal hygiene, girl oriented life skills to the girls and their guardians (mothers or grandmothers). Two of the girls are in grade 3 and the other is in grade 4, and all three are also active in Children's Clubs.

Their households are still very vulnerable overall, but with the mothers now on treatment and recovering, they are back to some income generating activities and two of them have joined VS&L groups as well. The girls have all returned to school and share the vision that

"we continue to study in order to get prepared for our future".

The girls Florinda, Albertina and Celeste together with their teachers at Manguendene primary school in Palmeiras, Manhiça district, Maputo Province

During this reporting period, CCP received USAID-Mozambique/Washington multi-sectoral visits in Sofala, Manica, and Maputo province implementing sites, also including FHI 360 regional staff and PSI. The main objectives were to verify implementation, verify the level of coordination and linkages with local partners (SDSMAS, Clinics and Community leaders); to hear first-hand the experiences the *activistas* face on a day-to-day basis, and to understand how CCP beneficiaries are linked to the VS&L groups. As well, Mission Director Alex Dickie made a site visit to Boane district of Maputo province. See pgs 38-39.

The CCP abstract *Integration of Psychosocial Support in Care and Support to OVC: A Holistic Approach* was accepted for plenary presentation at the REPSSI 2013 PSS Forum,

29-31 October in Nairobi, Kenya. CCP was also designated as one of two community partners under the Partnership for HIV Free Survival, to implement over the next two years of the project.

CCP central and provincial levels continued to provide technical assistance (TA) visits across the project sites, to strengthen the technical and financial activities. Technical staff also maintained participation in technical working groups and coordination meetings at MISAU, MMAS and DPSs, while district level project teams coordinated with SDSMASs.

7. Project Performance Indicators for Q4 Yr 3, with Yr 3 Summary Performance

Indicator	Annual Target #	Q1 Results	% Achieved end Q1	Q2 Results	% Achieved end Q2	Q3 Results	% Achieved end Q3	Q4 Results	% Achieved end Q4	Yr 3 Results	% Achieved end Yr 3
# of **New** HBC clients		4,264		5,139		4,696		4,234		18,333	
# of HBC clients receiving care	23,392			19,326	83%			27,896	119%	27,896*	119%
# of **New** OVC served		20,442		13,934		15,219		14,463		64,058	
# of OVC served	68,081			29,568	43%			59,250	87%	59,250*	87%
# pre/post-partum women referred to PMTCT	3,872	449	12%	196	5%	2,311	60%	2,656	69%	5,612	145%
# receiving nutrition services	26,964	13,475	50%	21,225	79%	5,964	22%	5,948	22%	40,445	150%
# participating in Kids' Clubs	10,244	4,061	40%	3,296	32%	3,198	32%	4,759	46%	15,314	149%
# referrals to MCH (general), HIV (CT), Social Services	32,285	1,442	4%	2,568	8%	13,212	41%	3,887	12%	21,109	65%
# referrals to MCH						315		395		710	
# referrals to HIV(CT)						953		1,659		2,612	
Referrals to Social services						11,944		1,833		13,777	
# referrals to TB/Malaria and CCR	3,897	-	0%	483	12%	912	23%	1,656	42%	3,051	78%
# referrals to TB				483		311		583		1,377	
# referrals to Malaria						469		801		1,270	
# referrals to CCR						132		272		404	
# of OVC 15-17 y.o. referred to family planning	5,307	-	0%	-	0%	38	1%	511	10%	549	10%
% HIV defaulters on list returned to	SEE TABLE 7, PG 24 FOR BOTH CALCULATION METHODOLOGIES										

ART/clinic											
# VS&L groups formed	341	65	19%	84	25%	147	44%	138	41%	434	127%

*APR data

- The slightly lower Q12 HBC enrollment is believed to be due to the following factors: 1) in CCP communities the number of bed-ridden patients is decreasing and *activistas* are needing more coaching on shifting their HBC targeting to give more focus to adherence support based on MOH guidance from the 2013-2015 Acceleration Plan; 2) there was a significant number of patients discharged from the program resulting from improvement of their status; 3) when the lower achievement is calculated out, it averages only 9 clients less per district. Overall for Yr 3, CCP exceeded its HBC target.

- The OVC performance per verified APR data is 87% of the Yr 3 target. This reflects a data conflict accrued from the first half of the year, when the SAPR total OVC served was 4,808 less than the new OVC from that same half of the year. Performance would be at 94% using that higher **New** OVC total, but with changes this year in M&E officer, initiation of project database, initiation of DQAs and rolling data verifications, CCP puts forth what can be reported confidently. The team is constantly working on data and reporting issues and needs, to try to mitigate the well-known relatively lower capacity environment.

- CCP believes that the referral tool is finally reflecting its potential in the target group of pre- and post-partum women, with meeting 145% of the annual target, with significant improvements in the second half of Yr 3.

- CCP *activistas* provided nutrition support to 5,948 beneficiaries in this reporting period, contributing to 150% of target for Yr 3. Of these, 2,665 are PPPW. Nutrition services include nutrition counseling and education, cooking and household garden demonstrations, assessment for malnutrition status, and referrals to nutrition rehabilitation centers and health facilities.

- Please see Table 7 on page 24 for *Busca Activa* results and analysis. CCP has now understood an alternative method to more sensibly measure this activity.

Narrative on Project Performance Indicators, per sequence in contract document.

Result 1: Increased provision of quality, comprehensive, community-based care and support services to people living with HIV and AIDS and their families.

Activity Area 1.1: Training and capacity building of CSOs and providers in community-based care and support

- During this reporting period key activities focused on the coordination between CAP (Capable Partners Project, FHI 360) and CCP for Yr 4. Both CCP and CHASS SMT support CAP-targeted CSOs for potential further organizational capacity building in the next year; 3 or 4 will be finalized from among ACIDECO, CONFHIC, Centro Aberto de Barué, AMICUMO, Kugarrisica and Kuwanguissana in Maputo, Manica and Sofala provinces, who have presented encouraging results and are close to reaching the highest level of maturity.
- CCP presented the CSO results this quarter from the evaluation conducted in the previous quarter: in Maputo (4 CSOs – Kupona, ACIDECO, AMODEFA and CONFHIC), in Sofala (4 CSOs – ADS, Kugarrisica, Kuwanguissana and AMICUMO) and in Manica (4 CSOs – Xinguirirai, Rubatano, Centro Aberto de Barué and Kuzvipira). The final report was produced in Portuguese by CAP and the involved CSOs have already developed workplans from the recommendations. When the report is translated to English, it will be provided to USAID.
- Following the evaluation results, a coaching plan was developed for the Sofala, Maputo and Manica CSOs, as recommended, to formalize follow up and ensure sustainability of the organizational capacity growth achieved thus far.
- The Sub-agreement between FHI 360/CCP and ADEM was finalized and approved to strengthen capacity of CCP CSOs not covered by CAP: 6 in Tete province, 5 in Niassa, 1 in Cabo Delgado, and 5 in Inhambane. ADEM's initial activity was to develop the training plan, followed by a training for 7 Capacity Building Technical Officers (TOs) on Diagnostic Methodology and Training in Manica province.
- World Relief took the initiative in Inhambane to provide their implementing CSO partners with capacity building on basic administrative and financial management training conducted by Centro de Formação Industrial while awaiting the ADEM start up; 14 coordinators and bookkeepers participated.
- CCP TOs carried out only 2 capacity building coaching visits in Sofala (Nhamatanda district) and Manica (Mussorize district) to follow up the post evaluation action plans, due to the military-political tensions in this area limiting safe movement and activities.

This CCP-CAP collaboration has an additional knock-on effect, in that several of the CCP Sofala CSOs also receive subgrants under CHASS-SMT, who would then also benefit from the CSOs' increased organizational capacity in managing community activities.

In summary, just as CCP provides holistic care and support to PLHIV, OVC, and PPPW households through a mix of direct interventions and comprehensive referrals, CCP also provides "holistic" capacity building to the CSOs themselves, covering organizational, technical, monitoring, and financial domains, to best support sustaining their abilities to respond to needs in their communities, linking to local social services and health care institutions.

Inauguration ceremony of ACIDECO Board of Directors
at Manhiça Municipality Auditorium.

Technical trainings comprise another dimension of capacity building and during this reporting period included:

1. *Initial ToT training on gender and child protection*
   - Tete province, 31 participants (16 male, 15 female). The participants included 10 CSO supervisors, 13 Social Services technicians, 1 community leaders, 1 GAVV staff, 1 VS&L facilitator, 2 DPMAS staff, 2 Program Officers and 1 FHI 360 technical officer. CCP holds to the vision of broad based social safety nets using this inclusive ToT approach.
   - In Sofala 28 (16 male and 12 female) received refresher training in gender.

2. Initial ToT training on Integrated Care was conducted by ANEMO in Sofala for 11 participants (5 male and 6 female).

3. Refresher training for accredited trainers was conducted by ANEMO for a total of 35 (9 in Sofala, 5 male and 4 female; 13 in Maputo, 10 male and 3 female; and 13 in Tete, 10 male and 3 female).

4. *Initial integrated HBC/OVC trainings*
   - 17 new *activistas* from four of the five in Maputo Province districts underwent their first training, (2 males and 15 female). This training also provided the opportunity to accreditate 3 trainers (2 male from Sofala and 1 female from Maputo).
   - 20 new *activistas* in Sofala were trained in integrated HBC/OVC (3 male and 17 female).

5. *Refresher integrated HBC/OVC training*
   - 145 *activistas* in Maputo Province (29 male, 116 female); 164 in Sofala, 164 (76 male and 88 female).

- 28 *activistas* in Inhambane (5 male and 23 female).

6. *Refresher training in psychosocial support*
   - In Sofala a total of 357 activistas (210 male and 147 female) .

7. Refresher training on using the Referral Tool
   - Inhambane province 44 people were trained (16 male and 28 female), including all 5 CSOs Coordinators and Supervisors, 30 Health Unit staff, 2 GAVV staff and 2 SDSMAS staff. This was very positive participation from the government structures, who often times are very constrained in terms of time they can schedule outside of their clinical or administrative duties.

8. *Environmental sanitation training by PSI/Mozambique*
   - In Cabo Delgado, 6 male *activistas* and 1 female CSO supervisor received this training.
   - Supervision skills training was conducted in Maputo province for a total of 32 participants (21 male and 11 female) including 10 SDSMAS technicians from all five Maputo Province districts, 2 ANEMO officers, 5 CSO coordinators, 4 CSO supervisors, 6 CSO Program Officers and 5 FHI 360 Technical Officers. One of the key training objectives was to improve supervision quality (planning and implementation), and, support for *activistas*.
   - PSI is still developing their voucher system for distributing the Family Health Kits, to replace the ground transportation and warehousing components. As well, discussions are underway with PSI to find more user-friendly training materials, for example using more graphics.

Refresher M&E training, delivered as "on-the-job" trainings were conducted in Tete (Changara and Moatize) for 6 M&E Officers (3 male and 3 female); in Niassa (Ngauma, Mandimba and Cuamba) for 8 (5 male and 3 female); in Maputo (Matutuine) for 1 male, and in Cabo Delgado (Pemba) for 17 (7 male and 10 female, of these 1 M&E Officer, 1 nurse and the rest *activistas*).

During this reporting period, Project HOPE (PH) also carried out capacity building activities with their HES implementing CSOs. In this regard, capacity building was undertaken by Project HOPE and CSOs coordination.

- In Sofala Province, PH facilitated the establishment of local government focal points within the SDAEs (District Directorate of Economic Activities) to follow up CCP activities. Main activities of the focal points have been:
  a) Participate in selection and refresher training for 26 community facilitators
  b) Involve the community facilitators in monthly district planning meetings
  c) Make joint supervision visits
- On-the-job training on economic strengthening activities was conducted in Tete Province for 2 VS&L group community facilitators, who in turn replicated the training to other VS&L group community facilitators.

To build capacity on Gender Mainstreaming and Child Protection in this reporting period, CCP distributed IEC materials to all CCP provinces. These materials included calendars, brochures and bulletins developed in Portuguese by Save the Children, and in addition, 26 Child Protection DVDs were distributed only in Tete (all districts) which augment the training materials

already provided. Currently only Niassa and Manica Provinces have not yet received these materials yet as their training is to be conducted in the next quarter. There are both cost efficiencies and standardization of content by using already established IEC materials.

Similarly, an OVC Toolkit DVD was distributed to each CCP provincial lead who in turn will replicate it and share with the provincial level TOs for capacity building of the CSOs. The Toolkit is composed of MMAS anti-violence and child abuse materials adapted by CCP, and includes the MMAS video called "*Acabe com a Violência a Abuso Sexual da Crinaça*" which was financially supported by UNICEF. In this way, CCP continues to make best use of existing materials for both financial efficiency, and standardized content.

Table 1: Q4-Yr 3 Selected Trainings and Refresher Trainings by area, gender

Province	PSS		TOT Child Protection & Gender		Referral Tool refresher		Integrated HBC / OVC ToT		Integrated HBC / OVC Initial		Integrated HBC / OVC Refresher		PSI kits		M&E		Accre-ditations		Super-vision	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Cabo Delgado	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7	10	-	-	-	-
Inham-bane	-	-	-	-	16	28	-	-	-	-	5	23	-	-	-	-	-	-	1	-
Maputo	-	-	-	-	-	-	-	-	2	15	29	116			1	-	2	1	18	14
Niassa	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5	3	-	-	-	-
Sofala	210	147	-	-	-	-	-	-	3	17	76	88	-	-	-	-	2	-	1	1
Tete			16	15	-	-	16	15	-	-	10	3	70	33	3	3	-	-	-	-
Manica	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
CCP Total Q4	**357**		**31**		**44**		**11**		**37**		**350**		**103**		**32**		**5**		**35**	

Source: PCC, training report

Refresher trainings occur approximately on an annual cycle, based on the point in time of the initial training. These serve as an important in-service mechanism for updating skills, assuring standardized service delivery, and complying with GRM training norms.

The CSOs continue to implement activities and use what they have learned and shared during their Exchange Visits in the previous quarter. They still have high interest in more exchange visits due to the capacity building nature of them.

Joint Supervision visits are carried out across the project as yet another capacity building process. During this reporting period such visits were carried out across project implementation areas with various DPS, DPMAS, NPCS, SDSMAS, ANEMO, SDAE, CHASS-Niassa, and CHASS-SMT officials.

Joint Integrated Care supervision visits were conducted by ANEMO, DPS, DPMAS and SDSMAS across the implementation sites to strengthen the technical capacity of the CSOs and *provide on-the-job training*. A portion of the CSOs are covered each quarter; in this quarter the coverage included:

- Manica- 6 districts
- Tete- 7 districts
- Sofala- 5 districts
- Maputo- all 5 districts
- Niassa- 4 districts
- Inhambane- all 5 districts

Joint supervision visits *without on-the-job training* were also conducted with local partners to:

- Maputo 6 visits, and 8 visits in Cabo Delgado with SDSMAS, DSC (City Health Department)
- Sofala 1 visit with SDSMAS (Head Medical Doctor, MCH Provincial Head, District Director and Nutritional Head)
- Manica 1 visit with SDSMAS and CHASS SMT

All such collaborative site visits with GRM structures assure awareness of and input into the CCP activities. Based on the above structure, conditions and opportunities are created to ensure compliance with GRM care standards and to strengthen adherence and retention support mechanisms, improve the follow up on the referral and counter-referral system with the Health Units (HU), strengthen the focus on OVC support and coordination between FHI 360 and international consortium partners, community, and government structures.

Such joint supervision visits often result in recommendations for CCP's consideration. A major recommendation in this reporting period by ANEMO was to continue with the TQA in order to improve the provision of services to project beneficiaries. Additional benefits for CCP from the joint visits include: i) strengthening the existing M2M groups through linkages with the HUs; ii) establishment of more new M2M groups as *activistas* work with HU nurses; iii) strengthened linkages and coordination with partners such as SDSMAS, GAVV, and other clinic partners; iv) the use of referral and counter-referral tool was maximized once clinical staff were made aware of the tool's benefits.

Technical visits also contribute to capacity building and took place at various levels. A combined group of USAID/Mozambique and Washington specialists visited Manica Province, to CSO *activistas* of ANDA, Rubatano, and Chinguirirai; and to SDSMASs and Health Units (HU) in Manica, Gondola and Chimoio districts, in collaboration with CHASS SMT. CCP senior staff and Africare, Chimoio, Officers accompanied the visitors. The scope of the visit included strengthening the linkages and collaboration between community and clinical partners, and understanding how the referral system operates. This was a very productive visit, as the roles and responsibilities of each partner were clarified (Community – CCP, and Clinical – CHASS SMT). One positive outcome was confirming a calendar of monthly meetings between SDSMAS, Africare (CCP) and CHASS SMT to better align the management of referrals and *busca active,* including PMTCT, CCR and Pre-ARV. Recommendations included: i) establishment of community based PLHIV support groups; ii) improved use of the referral and counter-referral tool; iii) recounting of HBC patients to clarify those who are bed-ridden and those who are in maintenance phase; and iv) participation in Comité-TARV and Co-gestão groups.

Further examples follow where continuous attention is given to important ongoing implementation components such as the referral system, nutrition support, and "*busca activa"*. TOs reinforce the good practices learned in previous quarters for ongoing adherence and retention support.

Across the project, CCP TOs from central and provincial teams provided Technical Assistance (TA) to CSOs to ensure quality implementation. A total of **73** TA site visits were conducted during this reporting period maintaining and reinforcing the following focuses (slightly less field work than other quarters due to giving much attention to Yr 4 planning processes as well as experiencing some challenges secondary to delayed incremental funding):

- Standardizing the family approach
- Verifying compliance to HBC admission and discharge criteria
- Strengthening adherence and retention of clients on ARV therapy
- Correct use of the referral tool for referrals to clinical and social services
- Supporting creation and function of Children's Clubs and Child Protection Committees
- Operationalizing the behavior protocol for interacting with children
- Nutrition education focused on MUAC, cooking demonstrations and home gardening
- Assist the Health Units in the creation of PLHIV and M2M support groups
- M&E forms filling and follow up to ensure better use of minimum standard of services for all target groups
- Continuous strengthening of linkages among implementing partners
- Mentoring on finance and administrative processes.

During the reporting period the PH technical advisors provided technical support to **their economic strengthening CSOs** and groups in the following fields:

- Administration and finance, aiming to ensure that funds are consistently in line with planning instruments, and level of program implementation
- Development of a PPP with Land O´Lakes. Technical implications were revised, and leadership of the 2 organizations (PH and Land O'Lakes) will finalize an MOU during next quarter. The key objective is to establish a milk production value chain in Gondola District of Manica Province.

PH's technical assistance visits were reduced during this reporting period as well, due to the military political situation in the central region of the country.

Activity Area 1.2: Strengthen the provision of comprehensive services at community level for PLHIV, OVC and Pre- and Post-partum women and their families

All the capacity building, various trainings, and technical inputs contribute to CCP implementation and results across the project geographic coverage.

Use of the referral/counter-referral tool is obviously enjoying greater uptake, but there are still areas for improving. Meetings with clinical partners and other FHI 360 projects who also use the tool were held to address the challenges found at the HU level where some health

professionals i) still resist to accept the tool and ii) do not provide the counter-referrals as they are sent by the *activistas*. The referral tool is still an important instrument to systematize the linkages between community and clinical and social services, strengthening the continuum of care exponentially. The referral tool also builds in the ability to measure the linking/referral activity. At the moment all CSO *activistas* and clinical partners have been trained on using it, totaling 1,586 individuals overall (724 male, 862 female). Refresher on-the-job trainings are planned for Yr 4, to maximize tool usage and continue strengthening the linkages between community and clinical partners, including FHI 360 projects.

While this referral tool development, review, and approval process has taken at least one year, in this reporting period all possible steps have been taken to obtain MISAU (MoH) approval. A task team comprised of technical staff from MoH (DNAM), World Vision, ANEMO, ARIEL, URS, FDC, DSF, Pathfinder/SCIP, and other FHI 360 projects (CHASSes SMT and Niassa, TB Care and ROADS). Within the MoH itself, the tool was discussed and partially approved by DePROS (Department of Health Promotion). This task team was formed to assure all users indicators would be covered. **After the tool is approved by the MoH it will be used by all partners and in all health units in the country.** FHI 360 is currently waiting for that positive response from the ministry and CCP enthusiastically looks forward to this finalization, considering it a significant accomplishment that will advance linkages from community-based to clinical services, further strengthening the continuum of care for going into the future.

Of course the referral/counter-referral results are achieved collaboratively, by linking to the clinical providers or social institutions in each CSO service area. Table 2 below shows the referral system at work, with a total 11,464 complete referrals made in this quarter. This represents good growth over last quarter's complete referrals made, and reflects both increased uptake up the Referral Tool (*Guia de Referência*) and increased linking and collaboration across the continuum of care. See Annexes for the Q4-Yr 3 complete referrals data disaggregated by district and service referral area.

Table 2: Q4-Yr 3 Total Completed Referrals by province, service referral area

Province	MCH Services total 4,151						HIV Services total 3,353						Social Services total 1,833						Other Services total 2,127			
	Maternity for birth	MCH	Family planning consultation	Post birth Consultation	Consultation for children at Risk	PMTCT	CT	STI	Pre TARV/IO	HIV+ Test	LTFU TARV	PPE	Community/CSO	Education	Social Action	GAVV/Police post	Psychology/Psychiatrist	IPAJ	Malnutrition suspect	Emergency room	TB Suspect	Malaria Suspect
Cabo Delgado	11	17	0	17	28	59	0	18	22	15	27	0	14	20	21	0	5	0	10	13	4	35
Inham-bane	21	63	51	31	17	221	95	14	28	47	11	0	159	6	39	41	2	2	25	31	21	16
Manica	4	163	148	87	32	419	362	89	131	135	246	0	357	84	118	3	0	0	29	166	264	305
Maputo	24	44	90	28	52	413	237	132	51	67	44	0	22	41	75	34	1	0	36	31	42	72

Niassa	0	8	4	8	13	190	80	25	19	32	32	0	110	0	11	11	0	0	6	10	25	45
Sofala	0	67	35	35	27	1,210	401	30	30	61	86	4	22	14	99	3	0	0	17	137	140	202
Tete	30	33	183	21	103	144	484	43	115	103	36	1	116	206	86	2	105	4	156	76	87	126
All totals	90	395	511	227	272	2,656	1,659	351	396	460	482*	5	800	371	449	94	113	6	279	464	583	801

*This LTFU in this Referrals table is the actual LTFU to TARV regarding the *busca activa* shared activity, captured here because the *Guia* (referral tool) is used to return those "Found" back to clinic support and TARV. All *busca* results will be shown in the same table in subsequent quarterly reports, to avoid any confusion of accomplishment.

Home Based Care

CCP has effectively integrated HBC, and OVC care and support, but will continue to report on them separately in accordance with PEPFAR indicators.

During this quarter, CCP enrolled a total of 4,234 new HBC clients. This brings the cumulative total of HBC beneficiaries to date in Yr 3 to 27,896 (9,413 male, 18,483 female) meaning CCP exceeded its Yr 3 target by achieving 119% for service delivery. Of the Yr 3 total, 12,795 clients were discharged (graduated), 1,284 died, 518 clients were considered lost to HBC follow up, and 13,299 were alive and in care. The seemingly high achievement in HBC client discharge/graduation arose from extra focus on applying the graduation criteria, both by supervisors and *activistas*. Perhaps more subtly, maturing HES activities create the underpinnings for more stable adherence to ART, one of the paramount criteria for graduation from HBC. Among pediatric ARV cases, (below 14 years old) CCP provided HBC to 2,809, 10% of all HBC clients. The numbers remain important but each number reflects a person for whom CCP is designed to make a difference. See Annexes for the Q4-Yr3 HBC data disaggregated by age, patient status, and district.

Quality improvement and maintaining proper standards of integrated service delivery is a continuous process. Thus, during this quarter CCP provincial and central technical officers continued working with *activistas* to improve service delivery and more closely observe HBC graduation criteria. Graduating HBC clients serves to keep people moving towards a more normal life, as post HBC steps include strong participation in GAACs, M2M groups or other treatment support groups to assure adherence, as well as joining VS&L groups to strengthen their household economic situation. In fact, many more HBC clients were graduated this quarter than during previous quarters, due to focusing attention. *Activistas* will be given guidelines to further help them discern different levels of HBC clients needing different levels of care for Yr 4 implementation, ranging from the traditional bedbound PLHIV to those needing only adherence support.

Tables 3 and 4 below show HBC service delivery during this quarter per new enrollments, and annual disaggregated service delivery, respectively.

Table 3: Q4-Yr 3 Achievement in New HBC clients by province

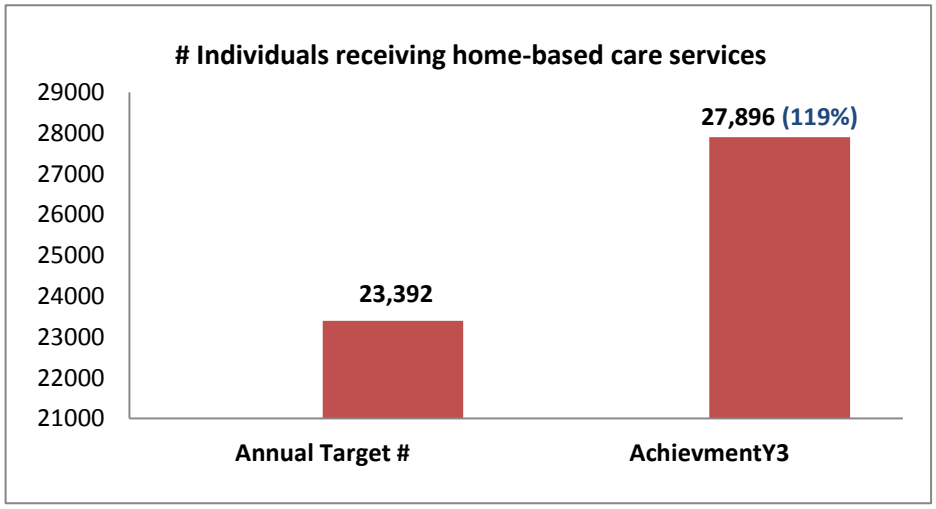
Province	HBC Annual Target Yr 3	Newly Enrolled in Q4 Yr 3

Cabo Delgado	360	80
Inhambane	2,340	428
Manica	3,618	936
Maputo	2,6q10	441
Niassa	2,736	318
Sofala	6,688	1,375
Tete	5,040	656
TOTAL	**23,392**	**4,234**

Source: CCP, data base 2013

Chart 1 below shows that CCP performed above Yr 3 target (23,392) having achieved 27,896 (119%) overall clients benefitting from HBC services. This includes all categories who received HBC (per disaggregation below).

Chart 1: Individuals receiving HBC services in Yr 3



Adapted from CCP data base, 2013

Table 4: Number of clients receiving HBC in Yr3, disaggregated by sex, age, outcome

Province	HBC Annual Target Yr 3	Disaggregated HBC Yr 3 data disaggregated by sex, age and outcome								Total	% Achieve-ment
		Male	Female	0-14	15+	Alive & In Care	Lost to Follow-Up	Dead	Dis-charged		
Cabo Delgado	360	214	410	118	506	*579*	5	4	36	624	*173%*
Inhambane	2340	843	2,207	314	2,736	*1,723*	77	143	1,107	3,050	*130%*
Manica	3618	1,851	2,966	378	4,439	*1,180*	85	245	3,307	4,817	*133%*
Maputo	2610	1,188	2,548	456	3,280	*2,178*	97	117	1,344	3,736	*143%*
Niassa	2736	899	1,812	288	2,413	*1,342*	24	134	1,211	2,711	*99%*
Sofala	6688	2,188	4,744	764	6,168	*2,233*	145	324	4,230	6,932	*104%*

Tete	5040	2,230	3,796	491	5,535	*4,064*	85	317	1,560	6,026	*120%*
TOTAL	**23,392**	**9,413**	**18,483**	**2,809**	**25,077**	**13,299**	**518**	**1,284**	**12,795**	**27,896**	***119%***

The higher proportion of the mortality outcome in the table above is due to factors related to political conflicts; more well known in Sofala province than in Tete province, but in both nonetheless. During such periods of instability, people are less free to move about their areas which reduces their access to needed clinical care. On the supply side, transport of ART shipments to clinics come under threat as well. Official communications are very hard to come by but this is what is reported anecdotally.

Orphans and Vulnerable Children

OVC care and support activities remain a high priority in all CCP provinces with the collaboration of partners from DPMASs at provincial level, to SDSMASs at district level, to community structures right where OVC families live. Various OVC needs are referred to these and other government structures who provide Health care, access to Education, Nutrition, Legal support, Food (sometimes) and Psychosocial support, through the linkage relationships developed between CCP and these partners.

Reporting on economic support services is still low, as well as there being so much more potential for OVC families to tap in the project. To address the issue i) all *activistas* and VS&L group Community Facilitators are being instructed to mobilize, orient, refer and integrate **all** OVCs' caregivers to the VS&L groups; ii) sensitization activities are being carried out with community leaders and community members, to increase their sense of responsibility and community ownership, for to respond to OVCs' identified needs, and iii) sensitization of the VS&L groups to use the group social fund mechanism, hopefully for community good.

See Result 3 for more details on CCP performance in the economic strengthening component.

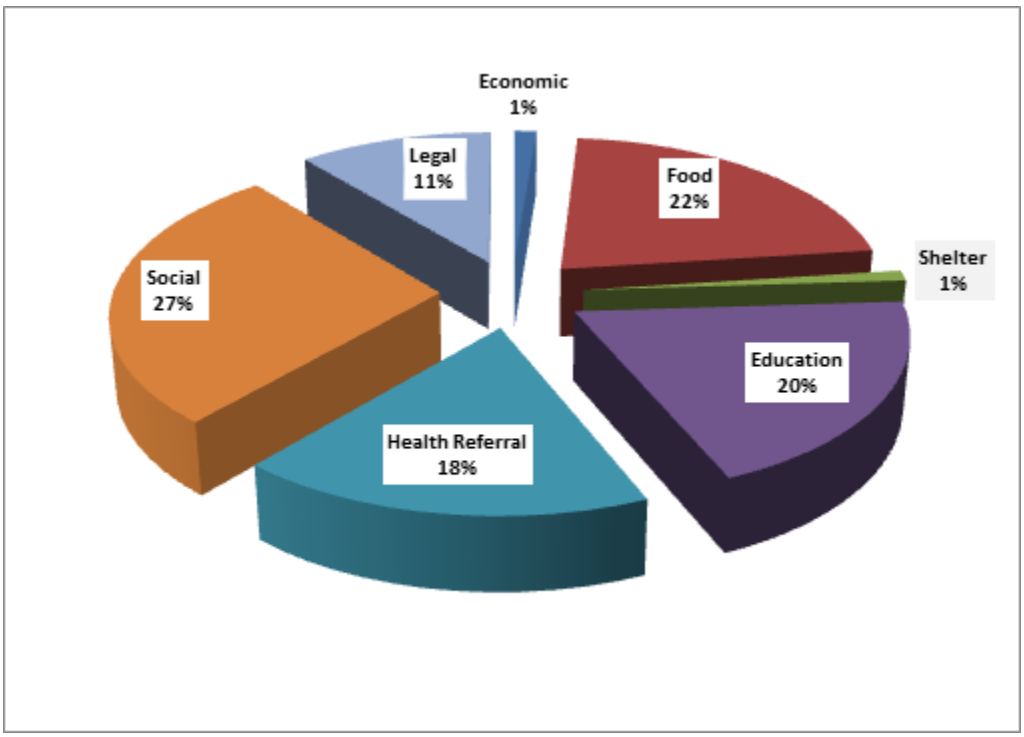
As shown in Table 5 below, CCP achieved 21% OVC service provision in this reporting period, having enrolled a total of 14,463 new OVC and provided services. See Annexes for the Q4-Yr3 OVC data disaggregated by service type and district.

Table 5: Q4-Yr 3 Newly Enrolled OVC by province

Province	OVC Target for Yr 3	Newly Enrolled OVC Q4-Yr 3
Cabo Delgado	1,048	203
Inhambane	6,812	1,867
Manica	10,532	2,899
Maputo	7,598	1,302
Niassa	7,965	795
Sofala	19,454	4,270
Tete	14,672	3,127
TOTAL	**68,081**	**14,463**

Source: PCC Data Base, 2013

Chart 2: Type of services delivered to OVC in Q4-Yr 3



Adapted from CCP Data Base, 2013
Note: Food=Nutrition Services, usually not actual food.

The diagram above illustrates the various services provided to OVC in this reporting period, with an improvement on nutrition services (at 22%). CCP is working on data capture methodologies to better reflect more economic support from OVC guardians and/or parents in the VS&L groups, which are currently not included in this service area reporting.

This quarter's 14,463 new OVC contribute to the cumulative total of 59,250 OVC (29,494 male, 29,756 female) who received various services this quarter (Table 6 below) which also reflects achievement for Yr 3, many children receiving multiple direct services and/or referrals according to assessed needs at time of enrollment. A total of 39,104 OVC (about 66%) received psychosocial support, 27,819 OVC (about 47%) were referred to education services, and 24,969 (42%) were referred to health units. About 15,591 OVC (26%) received legal support, 1,758 (3%) and 1,503 (3%), received economic and shelter support respectively. 30,676 OVC (about 52%) received nutritional support which includes nutritional counseling and education, cooking demonstrations using local products, as per Table 6 below.

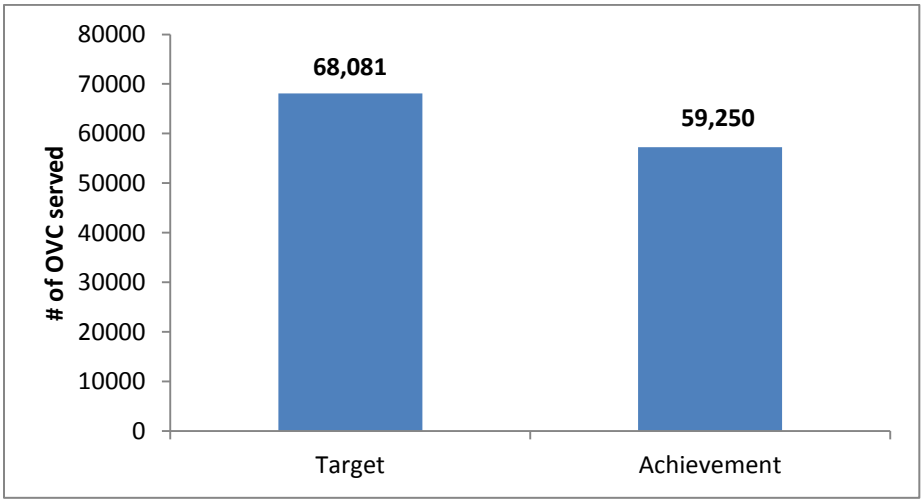
Table 6: Q4-Yr 3 Number OVC served, also Yr 3 Totals, disaggregated by sex, service

Province	OVC Target for Yr 3	Cumulative Q4-Yr 3 Disaggregated by Sex and Service Type									
		M	F	Total	Eco-nomic	Nutri-tion	Shelter	Edu-cation	Health Referral	Social	Legal
Cabo Delgado	1,048	503	540	1,043	632	510	32	632	686	670	175
Inhambane	6,812	3,421	3,693	7,060	250	5,034	266	3,093	3,051	5,403	1,074
Manica	10,532	5,912	6,011	11,923	293	5,270	291	6,301	4,578	7,432	2,188
Maputo	7,598	2,794	2,893	5,687	334	3,447	193	2,951	2,133	3,616	1,670
Niassa	7,965	2,236	2,128	4,364	3	1,633	54	1,612	1,430	3,371	271
Sofala	19,454	7,788	7,729	15,507	392	7,096	221	6,994	6,774	9,999	3,956
Tete	14,672	6,850	6,816	13,666	448	7,686	446	6,236	6,317	8,613	6,257
TOTAL	**68,081**	**29,494**	**29,756**	**59,250**	**1,758**	**30,676**	**1,503**	**27,819**	**24,969**	**39,104**	**15,591**

Source: CCP data base, 2013

Chart 4 below shows CCP's performance for Yr 3 in OVC care and support; at 59,250 - 87% of annual target, CCP will improve in Yr 4, especially on data capture. As noted earlier in this report, CCP is reporting only verifiable service delivery data. We believe significantly more service delivery is taking place but monitoring and reporting are ongoing skills challenges in the implementation areas and the team is constantly working on improving local capacity and skills in this important area. Sofala Province is usually stronger than other provinces but with political military unrest there, we prioritize safety and security first, so it is likely that implementation and/or reporting and data verification at times rest until things are safe enough again.

Chart 4: OVC Yr 3 annual achievement target



Adapted from CCP data base, 2013

HBC/OVC Integrated Care

CCP continues to implement the Integrated Care model in this reporting period, while final Ministry of Health formal approval still remains in process

Adherence Support

During this reporting period the CSOs in collaboration with local ARV committees and SDSMASs continued to carry out activities to strengthen adherence support and retention of PLHIV on treatment. This support takes the form of adherence counseling, received by 16,738[1] clients during home visits this quarter. *Activistas* also link HBC clients to GAAC, VS&L and/or M2M and PLHIV support groups, either during HBC or at graduation time to ensure ongoing adherence support and retention on treatment. Laurinda Mafuiane's inspiring story exemplifies the key role the *activistas* play in adherence:

> Laurinda lives in Homoine, Inhambane Province, is 33 and a single mother of two children. An *activista* from the CSO implementing there under World Relief leadership, found Laurinda when she had fallen quite ill and was in a very degraded state. The *activista* counseled her and supported her being tested where she found she was HIV+. Both the *activista* and the local clinic nurse steadily supported Laurinda through early treatment, now she is adhering strongly to her ART regimen herself. She has regained her health and even was able to start her own small business selling vegetables and fruits to support her small family. Laurinda actually is held up in her community as an example of living positively and adhering well to ART.

Laurinda Mafuiane and her second child Belinha in the market.

[1] This figure is derived by assuming 60% of the total HBC services recipients.

Busca activa or consentida, the ART defaulters tracing activity, is one of the strongest CCP linkage activities, based on shared work with ART clinics supported by CHASS-SMT, CHASS-Niassa, Ariel, and CCS, depending on the province. It is a major adherence support activity in CCP. In this reporting period, CCP is proposing an alternative reporting calculation, to better reflect the service delivery in this area. CCP achieved strong success in returning ART defaulters to clinical treatment, returning 88% of those on the clinic lists of those who were found. This calculation excludes defaulters on the list who were never found, and, better shows the efficacy of the *activistas'* adherence counseling work. 1,173 people are now back in treatment this quarter, a very positive opportunity for these people to regain productive lives. The reasons are not known why 155 patients, the 12% balance of those found, were not reintegrated into their treatment regimens. Performance in this activity can only result from coordination meetings at the Health Units with treatment committees, case managers, and focal points; and field work carried out by CCP CSOs and the dedicated *activistas* also collaborating with community leaders. Finding ART treatment defaulters is so clearly needful of broad participation and collaboration to reach any success. CCP supports the efforts of the clinical partners to improve the patient tracking systems, in order for all to improve on *busca activa/consentida*, for the sake of all concerned.

Definitely *busca activa/consentida* continues to need special and aggressive attention to overcome the challenges, since around 50% of defaulters on the clinic lists were not found this quarter despite considerable efforts. When LTFU patients have provided false information to the Health Unit, community "searchers" have a difficult time, although as noted above they are quite successful in returning defaulters to their treatment regimens among those they are able to find. All the known challenges are still present, although hopefully declining over time: feared stigmatization in the community, frequent change of residential address, some patients opting to access HU treatment far from their residential area. These issues are being addressed through different approaches that involve the clinics, treatment groups such as GAACs, support groups, Comités TARV, involvement of community leaders or the structures existing in the community, and VS&L groups.

As in other reporting periods, CCP implementers continued to participate actively in the monthly meetings with Comité TARV (ART Committees) based in the Health Units. These meetings are where the *busca activa/consentida* process starts, with the Lost to Follow Up list of treatment defaulters derived from pharmacy and clinic records being passed from the clinic to the CSO.

In this reporting period, CCP is also changing to the Ministry of Health term *busca consentida*, derived from the practice of patients signing a form, consenting to being contacted in case of defaulting on ART.

Table 7: Q4-Yr 3 *Busca Consentida* by province

Province	*List to CBO*			*Recovered or "Found"*			*Recovered and Reintegrated in to HU and treatment*			% of Recovered who are reintegrated to HU amongst those recovered	% of Recovered and reintegrated to HU against list
	M	F	TOTAL	M	F	TOTAL	M	F	TOTAL		
Cabo Delgado	54	82	**136**	8	23	31	8	23	**31**	100%	23%
Inhambane	56	99	**155**	22	36	58	16	27	**43**	74%	28%
Manica	271	295	**566**	153	169	322	136	151	**287**	89%	51%
Maputo	74	107	**181**	68	62	130	41	60	**101**	78%	56%
Niassa	200	287	**487**	79	110	189	65	98	**163**	86%	33%
Sofala	308	458	**766**	174	273	447	164	260	**424**	95%	55%
Tete	132	195	**327**	55	96	151	38	86	**124**	82%	38%
TOTAL	**1,095**	**1,523**	**2,618**	**559**	**769**	**1,328**	**468**	**705**	**1,173**	**88%**	**45%**

Source: PCC Data Base, 2013

Francisco Bernardo is one of the 1,173:

Francisco Bernardo lives with his wife and six children in Mutara district in Tete Province. He was successfully traced during *busca activa*, after having given up his treatment in June 2012 and losing a lot of ground to where he could not walk unassisted. After reintegrating into treatment, CCP *activistas* continued supporting his adherence; Francisco says:

"I was lost but now am found, and my life is back". He can now carry out normal domestic activities as well as work in his garden.

Francisco weaving a basket with his family

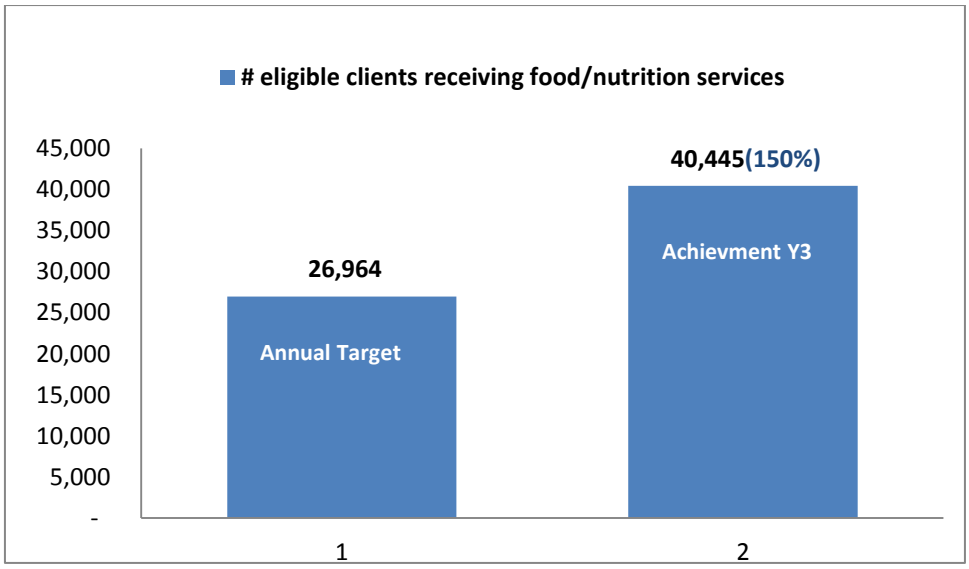
Nutrition Services

The nutrition component is key to ensure availability and access to basic nutrition knowledge for all CCP target groups. 5,948 individuals received nutrition services in this reporting period, including nutrition education, cooking demonstrations, guidance on home gardens, referrals to

nutrition services such as HU Malnutrition Rehabilitation Units resulting from MUAC screening, and food baskets where possible. This quarter's achievement contributes to the Yr 3 150% achievement of the year's target. See Annexes for the Q4-Yr 3 nutrition services data disaggregated by age and district.

Activistas are still strong in delivering nutrition demonstrations to project families, highlighting "enriched porridge" made from combining maize meal with nutritious local foods like leafs, cashew nuts, sweet potatoes and others, including "Muringa tree" in all provinces. Nutrition/cooking demonstrations are carried out with families where the activity is gender mainstreamed assuring to involve the men of the household, and also emphasizing M2M groups and Children's Clubs.

Chart 4: Clients that received nutrition services in Y3



Adapted from CCP data base, 2013

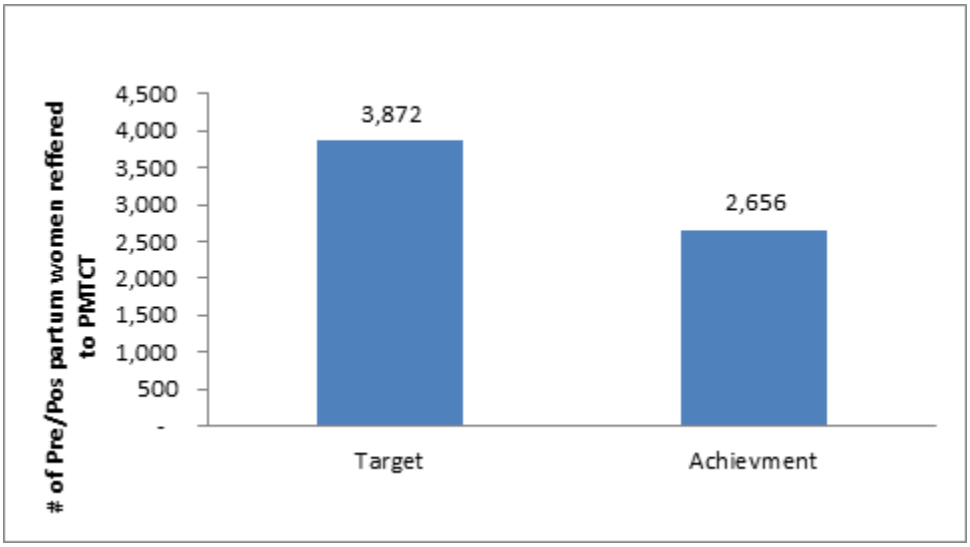
Pre/Post-Partum Women

CCP achieved greater success in this program area in both the last quarter and this quarter as well, contributing to reaching 145% of the Yr 3 target, with 5,612 total women referred to PMTCT services.

During this reporting period, Mothers to Mothers groups (M2M) were strengthened across the project by way of *activistas*' support. CCP *activistas* continue providing education sessions and sensitization on HIV prevention, adherence, nutrition education (cooking demonstrations), and utilization of clinical and social services available in the communities. *Activistas* continue to support the creation of M2M groups in coordination with the HU (by providing the sessions just mentioned.

- In Pemba two new M2M groups were formed, in Maputo 5 new groups and 27 new groups formed in Tete. The group meetings also serve as forums for discussions on gender based violence, PMTCT, cultural activities, and others in addition to the above.

Chart 5: Q4-Yr 3 Achievement against target, PPPW referral to PMTCT services



Adapted from CCP data base, 2013

HBC and Family Health Kits

- Maintaining CSO nurse and *activista* levels of HBC kits is a regular but important factor in providing comprehensive community care. In this quarter, routine periodic replenishment of HBC kits took place according to needs. TA includes attention to rational use and management of medications in the kits, with the *activistas* using daily control sheets and the CSO nurse/supervisor balancing supplies on a monthly basis.

- During this period, the PSI Family Health Kits component continued as per usual. These kits are entirely different in nature than the HBC kits, as they are distributed to the CCP beneficiary households for family use. PSI also trains CCP *activistas* on using the kit components, who in turn provide that education to the families they visit in the project work. During this quarter, the collaboration with PSI remains strong, providing thousands of Family Health Kits to CCP beneficiaries as a USAID-funded wrap-around service. PSI is having some difficulty in some areas distributing the products, but they are working on solutions.

- As it was highlighted in the last quarterly report, the *activistas* will continue to receive this worthwhile component for their benefit. *Activistas* across all 52 CCP districts are now recipients of the Family Health Kit. This step recognizes the vulnerable nature of the *activistas* themselves who are serving in their communities, is motivating, and shows appreciation for the work they are doing.

Result 2: Increased family-centered, community-based services that improve health outcomes and quality of life for PLHIV, OVC, and pre/post-partum women and that are implemented by the coordinated efforts of the Ministry of Women and Social Action (MMAS), the Ministry of Health (MISAU), and civil society organizations (CSOs).

Activity Area 2.1: Strengthen the CSOs to assure compliance with MMAS minimum standards for OVC and support the National Action Plan for OVC

Child Protection and Rights continued to be a key component in this activity area this quarter. As noted earlier in the Capacity Building section, ToT training on Child Protection and Rights was held in Tete Province for a total of 31 participants (16 male, 15 female). This training group was quite varied, including equal numbers of CSOs supervisors and SDSMAS social action tecnicos, DPMAS and a community leader. This training was conducted by FHI 360, and discussed gender aspects that included: how gender issues contribute to abuse and violence; and non-compliance with Children's Rights particularly regarding girls in the families. This training component will be replicated for the *activistas* using the on-the-job training approach during TA visits to all the provinces.

A tragedy was averted and a child's right to live prevailed in very unusual circumstances in Metarica district in Niassa Province.

The implementing CSO Wupuwela became aware that a newborn infant had been discarded in a latrine, and was able to rally local authorities and leaders to address the dire situation. They assured also that the infant was attended at the Health Unit, and is now doing just fine. The baby has been placed with the grandmother who is receiving all the CCP OVC care and support components needed such as regular *activista* visits to support her coping ability, linking to INAS for infant milk, to Social Services for the birth certificate, and to appropriate local authorities including the traditional Chief. This baby's mother had not intended to become pregnant and had planned to "throw away" the child at birth; she is in police custody.

The baby with grandmother

During this quarter, as a result of the good partnership with DPMAS and GAVV Tete, CCP received IEC material on Child Protection and Gender (pamphlets and bulletins), which were immediately distributed to all the participants listed from the ToT above. They will be useful as reference materials during on-the-job-training, on a day-to-day professional basis, and for community mobilization. CCP Tete has deepened links with GAVV and has working relationships with GAVV focal points in all CCP operational areas, to be able to engage them for community education sessions and refreshers on referrals to GAVV.

Also during this reporting period a child who is a CCP beneficiary in Manica Province participated in the National Child Parliament held in Maputo. This child was amongst other House of Assembly children from across the country and was able to share real children´s life experiences as a representative of other children whose voices could not be heard, and also took back key recommendations to Manica Province. CCP will start linking Children's Clubs to the provincial Child Parliaments, which provide a platform for children to share their day-to-day challenges and find possible solutions to problems they face in the communities.

The Children's Clubs activities continued this quarter as during other reporting periods. The age range of children participants is from 5-17, and the activities are age appropriate following two main focuses: recreation and training manifested over the normal peer age groupings of 5-9, 10-14, and 15-17 years old. The activities in the Clubs are the same and all three age groups learn and discuss their rights, sing and dance and recite poems as a means of psychosocial support, learn hygiene practices, and pursue their school homework. Training continues in the Clubs for the two oldest age groups on good nutrition practices and cooking demonstrations, while only the oldest age group is also trained on reproductive health.

Table 8: **Q4-Yr 3 Children's Clubs created and number of children participating, disaggregated by gender, province**

Province	**# of New Clubs Established**	**Children disaggregated by gender**		***Total children participating***
		M	**F**	
Cabo Delgado	-	-	-	-
Maputo	-	-	-	-
Inhambane	-	-	-	-
Manica	-	-	-	-
Niassa	**1**	*547*	*526*	*1073*
Sofala	**2**	*897*	*847*	*1744*
Tete	**27**	*291*	*303*	*594*
Total	**30**	***1,735***	***1,676***	***3,411***

Source: CCP Q4 Provincial reports

A total of 30 new Children´s Clubs were created in this reporting period, Tete (27 in all 13 districts), Niassa (1 in Metarica) and Sofala (2 in Caia district), totaling 3,411 OVC (1,735 male, 1,676 female) participating.

No new Clubs were established in other provinces this quarter, however, as a routine activity, *activistas* hold meetings in the Children's Clubs. During this reporting period some previously established Children's Clubs consolidated, due to not having entertainment or educational materials. Some Clubs carried out activities separately, for example girls would do singing and dancing, and boys would play soccer. A few Children' s Clubs set quite a high standard for others where they 1) have been able to prepare enriched porridge, followed by nutrition education; *2)* involve boys in local community cleaning, preparing porridge and dish washing;

and *3)* hold mixed group singing and dancing. This was found in two districts and will be a model to replicate across the CCP implementation area.

Activity Area 2.2: Partnerships and linkages are used to ensure OVC Services are comprehensive and accessible

- Pediatric health referrals appear to be stronger in some CCP implementing areas than others, dependent on the corresponding clinical services strength. Basic peri-natal care and 0-5 growth checks come with the established SMI (Mother Child Health) clinics of the Health Units, as well as overall child health care. 10% of CCP HBC clients are children up to age 14. The strongest pediatric ARV services are found in the CHASS SMT supported clinics. Discussions are ongoing as regards including cases of HIV+ children Lost to Follow Up on the clinic lists for *busca activa*, and reportedly it is quite challenging. Generally speaking though, the referrals of children to health care services is going well.

- In Sofala Province, the fruitful partnership between the CCP CSO Kugarissica in Beira and Projecto Para o Futuro (PPF), continues in this reporting period. PPF's technology vocational training (computer skills) has another session underway which includes 33 qualifying CCP OVC beneficiaries (16 male, 17 female), who are 15-17 years old. This course commenced in July and will conclude next April 2014, to include three months classroom training and three months practicum. They learn skills to equip them well for integration into the job market. A training group who had just completed the training cycle was reported in the last quarterly report. This is a rare and ideal partnership to benefit teen aged OVC.

- In Cabo Delgado (Pemba), as a result of a partnership with local partners 10 babies (4 male, 6 female) were referred to "Ministério Arco Iris" a local organization, to receive nutrition support in the form of baby formula. These children were referred to the CSO by SDSMAS.

In Niassa Province a success story is reported from Cuamba district, resulting from the First Lady´s visit last quarter. A child headed family of three OVC identified by the CSO – Hankoni, received house rehabilitation support with full furnishings (see before and after photos below), as well as permanent food basket support. The food basket was provided by INAS-Cuamba. In Metarica district, family quantity food basket support was provided to 288 OVC, containing Meal mill, rice, cooking oil, sugar, fish, soap and salt. These represent rare instances of well stocked INASs.

The Cuamba OVC house before

The Cuamba OVC house after rehabilitation

- In Maputo Province, CCP followed up the previous quarter signed MoU with ICDP focusing on highly specialized psychosocial support for OVC facing bereavement in the loss of one or more parents. In this reporting period CCP held meetings with ICDP to operationalize the activities and start implementation based on an action plan. They will pilot implementation in Maputo province with the CSOs in Boane and Manhiça. ICDP activities will use the Children's Clubs as the platform for the interpersonal/group PSS they have expertise in.
- During this quarter CCP also met with PATH to further coordinate their 0-5 year old children support and care in overlapping implementation areas, including sharing to adapt scrap-book for parenting skills sessions.

Result 3: Increased number of HIV/AIDS positive individuals and affected households has adequate assets to absorb the shocks brought on by chronic illness.

- Two in-person meetings with BOM to evaluate current stage of implementation of the MoU in Tete Province, were held
- National Directorate for Promotion of Rural Development discussed groups bankability with Kukula was also undertaken.

During this reporting period, economic strengthening activities were carried out with CSOs across CCP project implementation sites. Project HOPE is energetically and very capably meeting and exceeding targets in terms of VS&L group generation. 138 new VS&Ls were established, making a **total 636 groups**. And members now total **12,134** across the CCP implementation coverage area.

- The HES CSOs in Tete (ADELT), Manica (Magariro), Inhambane (Kukula), and Sofala (ADEM), and Project HOPE Community Facilitators in Maputo and Cabo Delgado consolidated their work this quarter with collection of member profiles for the database. Overall, 1,249 member profiles have been collected, being 207 in Maputo, 78 in Inhambane, 393 in Sofala, 420 in Manica, 128 in Tete, and 23 in Cabo Delgado. This member profile strategy is meant to collect a minimum of five (5) member profiles per VS&L group, at both the beginning and closing of a group saving cycle. At roughly 10% member profiles in the database, there is still more work to do on capacity to absorb and manage this valuable data. In Yr 4, CCP and PH will work together to try to increase the number of profiles targeted for more comprehensive program information to analyze results, and, to increase data entry and management capacity at the CSOs.

- In Tete, 38 new groups were created and 30 groups reached maturity and graduated. Graduated in this context is a fabulous step; the groups commence a new savings cycle for themselves, while at the same time freeing up the Community Facilitator(s) to concentrate the majority of their efforts and inputs on supporting newly formed VS&L groups.
- In Sofala Province, 38 new groups were established, 5 VS&L groups were referred to Banco Oportunidade de Mozambique (BOM), 51 of those VS&L group members accessing financial services now. Also in Sofala, PH efforts have now facilitated establishment of local government focal points to follow up CCP activities (SDAE - District Directorate of Economic Activities). Main activities of the focal points have been:
  Involve the VS&L group Community Facilitators in monthly district planning meetings
  Make joint supervision visits
  Participate in selection and refresher training for 26 Community Facilitators
- In Inhambane, 17 new VS&L groups were established, with Kukula reaching its target
- In Niassa, Economic Strengthening activities did take place with 10 new VS&L groups formed, despite PH terminating their sub-contract with the ES CSO. Appropriate administrative procedures were followed. For the coming quarter, Project HOPE plans to carry out direct implementation in Niassa and staff recruiting is in process.
- In Manica, database management has reached second collection data entry, negotiations with Land O'Lakes and Agrifuturo for PPPs are ongoing, and 22 new VS&L groups were formed
- In Maputo, and Cabo Delgado, where Project HOPE is directly implementing, 10 and 3 new VS&L groups were established, respectively.
- As noted in earlier training section, ES on-the-job training was conducted in Tete Province for two VS&L group Community Facilitators of Macanga district, who in turn replicate the training to other VS&L group Community Facilitators.

Activity Area 3.1: Increase access to skills building and household economic strengthening opportunities to improve the wellbeing of all target groups

- Overall, 636 VS&L groups have been established, with 138 new groups this quarter. The VS&L groups have increased from 520 in the last quarter to 636, counting cumulatively since the activity began during Yr 2. The VS&L groups' membership in the program area has increased from 10,051 to 12,134.
- Of the 3,505 new group members this quarter, 2,712 are women (see Table 9) and 1,406 are OVCs Caregivers (see Table 10, looking cumulatively)
- Savings have increased from 9,851,728 to 12,088,646.00 MT which allowed for provision of loans in the amount of 9,801,641.50MT (8,561,865.33MT last quarter). In the same period, the 12,134 members have reinforced the capacity of their groups by reimbursing loans with an interest of 2,297,356.00 MT (was 2,221,579.89MT last quarter) and creating the capacity of making social investment with a fund valued at 624,338.00MT (471,709.75MT last quarter).

Table 9: Q4–Yr 3 VS&L Groups disaggregated by province, gender

	Global Targets per PH 2 yr contracts with ES CSOs				Accumulated achievements over those 2 yrs				Achievements this quarter, Q4 Yr 3 only			
Province	**Number of Groups**	**Number of beneficiaries**			**Number of Groups**	**Number of beneficiaries**			**Number of Groups**	**Number of beneficiaries**		
		M	**F**	**T**		**M**	**F**	**T**		**M**	**F**	**T**
Maputo	35	210	490	700	53	236	806	1042	10	42	143	185
Inhambane	70	420	980	1400	85	246	1654	1900	17	55	458	513
Sofala	182	1080	2560	3640	189	1207	2425	3632	38	148	581	729
Manica	140	840	1960	2800	124	923	1953	2876	22	250	950	1200
Tete	182	1080	2560	3640	117	631	1099	1730	38	219	509	728
Niassa	70	420	980	1400	56	260	429	689	10	33	45	78
C. Delgado	10	84	196	280	10	79	186	265	3	46	26	72
Total	**689**	**4,134**	**9,726**	**13,860**	**636**	**3,582**	**8,552**	**12,134**	**138**	**793**	**2,712**	**3,505**

Chart 6: VS&L Groups targeted and achieved in Y3

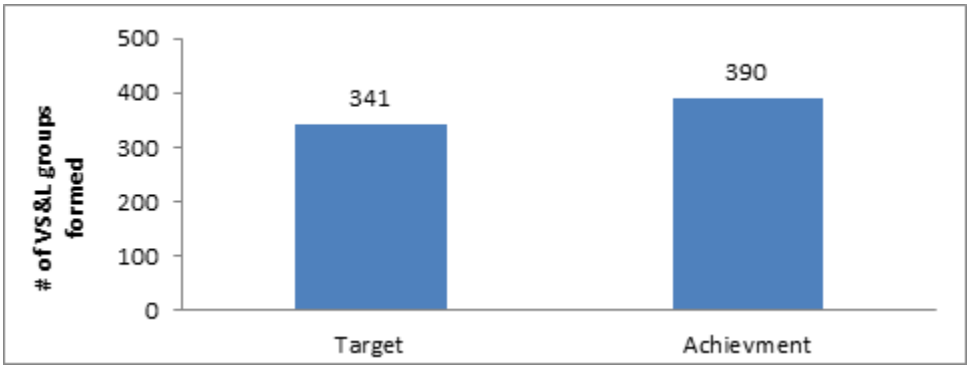


Chart 6 indicates that CCP performed well and above Yr 3 annual target, having established 390 VS&L groups (114%) from the target 341.

Table 10: Q4–Yr 3 VS&L Group composition, disaggregated by province, member type

Province	Nr of Groups	Activistas	Caregivers	PVHS	GAACs	CCC	M2M	Community members	Total
Maputo	53	107	107	378	0	15	43	339	**1,042**
Inhambane	85	122	102	100	0	27	131	1333	**1,900**
Sofala	189	480	461	1029	96	43	489	1,034	**3,632**
Manica	124	256	511	574	5	6	88	1,436	**2,876**
Tete	117	145	134	97	19	17	51	1267	**1,730**
Niassa	56	24	119	125	1	4	4	412	**689**

Cabo Delgado	10	7	7	11	0	8	13	219	**265**
Total	**636**	**1,141**	**1,406**	**1,263**	**121**	**120**	**819**	**6,040**	**12,134**

Source: Project Hope Quarterly report

CCP and PH during this reporting period have been working to assure project beneficiaries are the main constituents of the VS&L groups overall. This quarter, the category of "Community Members", meaning community members not absolutely identified as project beneficiaries - but nonetheless selected by project beneficiaries as group mates – was 49% of total members, down from 57% in the preceding quarter. CCP is very committed to continuing the trend of trend of absolute project beneficiaries increasing in proportion of VS&L groups' composition. The *activistas,* as well as the ES Community Facilitators, are working more closely together to continue to make progress in referring OVC Parents/Guardians, PLHIV, PPPW, GAAC and M2M and other PLHIV support group members, to the VS&L opportunity. The CCC category – Community Care Committee member – remains important, from the perspective of potential community support for OVC, positioning to augment family support when needed. All avenues of community ownership of OVC care and support are important in this environment.

Table 11: Q4–Yr3 VS&L Groups Savings activities disaggregated by province

	Province							
VS&L relevant data	**Maputo**	**Inhambane**	**Sofala**	**Manica**	**Tete**	**Niassa**	**Cabo Delgado**	**TOTAL**
Total savings	1,666,574,00	3,963,386,00	3.856.242,00	1.924.242,00	538.060,00	9.032,00	131.110,00	12,088,646,00
Total fine	885,00	41,333,00	NA	2.929,00	4.175,00	38,00	30	49,390,00
Total social fund	136,045,00	256,078,00	120.324,00	64.787,00	40.500,00	1.194,00	5.410,00	624,338,00
Total interests from loans	281,432,00	797,954,00	886.453,00	169.736,00	142.217,50	10.264,00	9.300,00	2,297,356,00
Total income (1+2+4)	1,381,611,00	6,250,244,00	NA	2.161.694,00	576.708,50	N/D	140.440,00	10,510,697,50
Total disbursed loans	1,331,257,00	2,094,219,00	4.540.502,50	955.074,00	796.589,00	9.000,00	75-000,00	9,801,641,50
Total reimbursed loans	676,810,00	1,069,524,00	NA	385.552,00	255.868,00	0	9.300,00	2,397,054,00
Total outstanding loans	573,522	892,445,00	17.402,00	517.769,00	842.639,00	9.000,00	75.000,00	2,927,777,00
TOTAL – value in cash box (at the end of savings, reimbursements and disbursements)	1,284,528	4,156,025,00	202.192	1.574.521,00	241.494,50	1.264,00	88.060,00	7,548,084,50

Source: Project HOPE Quarterly report. 1$US = 30 MT

Notes to table: 1) A few cells have no data, due to system problems. PH is working on solving those issues.
2) Seemingly high fines (second row in table above) result from strict application of the rules regarding fines by the VS&Ls management committees. Strictness does vary from group to group.

The 14-year old youth featured in the photo below personifies the best of what CCP hopes to achieve with the VS&L opportunity. Under 18 years of age membership is possible for VS&L groups when there is an adult sponsor. This group formed itself in May 2013 with 20 members, and by now has grown to 34, comprised of 32 women and 2 men.

In this case, the youth supports his family whose head of household is very old, and he could not attend school for lack of money to meet school and transport costs. Since he joined the VS&L, he has been able to save 700 Mt (around $24), and been able to take out a loan worth 1,000 Mt (around $35) to start a small business selling dried fish.
At this time, he has been able to repay the loan and its interest, and **most importantly, return to school** while also learning to save and manage money, plan for the future, support himself and others. This is the true promise of the VS&L group strategy.

VS&L Group named Kumodzi wa Mai, in Macanga district, Tete Province. All the children come from the rest of the group's members

Since the VS&L component is so key to CCP outcomes, PH includes expanded analysis of their activity.

Challenges:
The political military situation in Sofala Province is affecting performance of the groups, due to restricted mobility, instability of people, and the reduction of small business.
BOM field officers in Sofala and Tete Province are performing below expectations, in terms of building the capacity of VS&L groups as potential clients of the Bank.
Very poor performance by ROADS (the ES CSO in Niassa Province – not the FHI 360 project of same name) has led to cancelation of the sub-contract. Project HOPE will undertake direct implementation and has started staff recruitment to be based in Cuamba for better coverage of the five CCP districts.

Major Implementation Issues or Lessons Learned:

- The groups feel that the mission visits are a powerful mobilisation instrument for other community members because it shows that the VS&Ls are a serious program, involving different institutions supporting their implementation from beyond the CBO level.
- All CCP principals are continuing to emphasize that the VS&L groups are an integral part of CCP services, and not separate in some way.
- Lesson learned: Experience is confirming lack of capacity of formal financial institutions to reach remote areas.
- Project HOPE might consider, in future, facilitation of alternative ways of promoting financial services in rural areas, such as constitution of VS&Ls associations or forums that can act like micro-finance institutions at local level, and thus create opportunities to CCP VS&L beneficiaries to access financial products that cannot be offered by their groups. This has got technical and financial implications to be discussed with the USAID mission.
- As the level of transactions is increasing, the need of strengthening technical capacity of Community Facilitators is increasing, and the quarterly technical supervisory missions made by Project HOPE Technical Advisors are falling short to community demands.

Activity Area 3.2: Partners collaborate with others to reduce the economic vulnerability of CCP households

Reducing economic vulnerability is a long term development issue. One of the values of the community level VS&L group strategy is that it provides the opportunity to learn new perspectives about money and resources – such as saving, planning, investing, taking and repaying loans. People can later apply those same perspectives and skills in the formal sector by engaging with banks and financial services for further reducing their vulnerability and providing better for their families.

Project HOPE Officers provided technical support to Inhambane Province implementing partners. They met with World Relief (WR) and Kukula to discuss the VS&L general situation in the province. They also held a meeting with SDSMAS, SDAE and visited the CSOs and some VS&L groups with WR and Kukula.

Also in Inhambane (Inharrime and Morrumbene districts) WR and Africa Works followed up previous meetings to explain and clarify the terms of reference and eligibility criteria to access the Africa Works funds.

In Sofala, linkages have already been established with BOM and some CSOs, in Dondo, Nhamatanda and Beira City. In Tete, negotiations have just started with BOM, currently ADELT is making a list of clients that will be presented to BOM, who will evaluate if these clients meet the criteria to benefit from BOM's products.

Cross Cutting Activities

Activity Area 4.1: Community Mobilization

Community mobilization activities are continuous and occur across the project areas in different ways. *Activistas* continue to sensitize CCP beneficiaries in the integrated family approach as this is a long term process.

Further, Community Mobilization includes continuous mobilization of, and collaboration with, Community Leaders Committees in all CCP provinces/districts, to strengthen response to a host of community concerns. The following list does capture some topics discussed in other sections of the report but it is important to acknowledge the efforts going on with community committees:

- Coordinate and strengthen VS&L groups
- Strengthen the referral and counter referral system and adherence to ARV
- Sensitize all CCP family members particularly pregnant, and breast feeding women, and children in coordination with HUs and clinical partners on community voluntary testing
- Strengthen the community committees to respond to vulnerable families' challenges
- Use M2M groups to discuss the importance of condom use, breaking silence and reducing stigma
- Sharing HIV related information between families and amongst various community support groups
- Coordination and collaboration with the health department for water and sanitation
- Involvement of community leaders in mobilization for public health promotion
- Mobilization of OVC parents and/or guardians to enroll in the VS&L groups
- Creation and strengthening of Community Child Protection Committees
- In Niassa Province 6 meetings were held with community leaders in the CCs and 8 meeting with CCPCs in CCP districts, to sensitize the community leaders to mobilize their communities regarding health programs, establishment and strengthening of CCPCs, and other social services.
  Also in Niassa, 5 meetings were held (1 in each district) on gender mainstreaming, in partnership with CHASS. The objectives were to build the CSOs' capacity to respond to gender based violence and explore how to refer reduce such cases in the communities.

- In Inhambane Province, the 5 WR CSO's with involvement of community leaders, held community mobilization sessions and activities to discuss project and public health matters.

- In Pemba district, 14 meetings were held with community leaders for coordination and sharing information, but also to request space for Children's Clubs activities.

- In Tete Province, 13 meetings were held with community leaders, to sensitize them in using the care and support services.

- In Sofala Province across all 13 districts mobilization activities are continuously carried out. In Chemba district 70 mobilization sessions (palestras) were carried out to discuss malaria, pregnant woman nutrition and exclusive breast feeding, and sexual reproductive health. 1,384 community sensitizations were carried out across the other districts, resulting in

referrals to health, education, legal, and social services. To strengthen the CCPCs, 29 meetings were held to discuss children´s rights and protection.

The participants in these meetings are the members of CCPCs, GAVV and Social Services technicians and local school representatives. These meetings are organized by the CCPC and whenever possible, they invite the CSO. CCP has noted significant changes as a result of these meetings, for instance, many more children now are reporting violations to GAVVs, they now feel more encouraged and supported to bring such things to light. The linkages between the CSOs and the GAVVs is considered to be quite strong in many CCP implementation areas, and with police having been trained along with the CSOs in such areas the environment appears to be opening up and more supportive.

Activity Area 4.2: Self Care

Activities in this area continue as per last quarter, maintaining status quo on providing Family Health Kits to *activistas* and 'care for the caregiver' support occurring through *activista* group meetings.

The family education dimension continues as well, with *activistas* passing along to the beneficiary fammilies how to care for their sick family member or family member needing adherence support.

Activity Area 5.1: Program Management

Staffing:

Maputo: This quarter was very fruitful for FHI 360 and CCP. Both Dr. Dário Sacur and Ms. Cara Endyke-Doran took up the Moçambique Country Director position and Associate Country Director-Programs position, respectively, in mid-July. Dr. Elizabeth Oliveras commenced as Strategic Information Department Director in early August. All of these very talented professionals contribute immeasurably to CCP.

At provincial level among the CSOs, there has been some turnover among *activistas*, when new ones are selected they undergo initial Integrated Caregiver training, as well as training on the other components of their role such as M&E, and PSS, gender, etc.

Structure:

FHI 360 completed its creation of its East and Southern Africa Business Unit, and held a week-long senior management meeting in Johannesburg in early September. This regional team plays both a leadership and support role for our country office, taking up many previously headquarters-based functions.

USAID visits:

The site visit to Manica Province was discussed earlier in the report. CCP was honored to also host the new Mission Director, Mr. Alex Dickie, in Boane district, Maputo Province, in September. The implementing CSO provided an excellent opportunity to see the integrated, holistic, community-based, family approach of CCP. A highlight of the day was the visit to a Children's Club, which also served as the meeting site of one of the VS&L groups in that area, actually comprised of members who were primarily the grandmothers of many of the Children's Club member OVC.

Mission Director Alex Dickie, in the first yellow cap on the left, with visit team and VS&L group (savings cash box in the center of the circle).

Year 4: During this reporting period, CCP held its Yr 4 Technical and Planning meeting, with the following results: i) provincial level technical and financial activities plans; ii) greater emphasis on OVC, still using the family centered and community approach; iii) reinforcing adherence and retention of PLHIV by more aggressively continuing CCP strategies; iv) strengthening linkages with clinical partners, focusing on referral systems and *busca activa/consentida*; v) draft CCP Yr 4 Workplan. Ms. Carla Horne, Regional Senior Technical Advisor, fulfilled her on-site technical support with the project. Following the CCP Yr 4 planning workshop, provincial leads carried out the same planning activity with the implementing CSOs in the 52 districts.

In September, CCP and all FHI 360 USAID funded projects held a one-day planning workshop to deepen the linkages across projects at the implementation level, especially to support adherence and retention. That matrix was submitted with the Yr 4 Workplan.

Subcontracts:
The subcontract for ADEM, discussed in the Organizational Capacity Building section early in this report, was approved by FHI, as was the proposed Technical Professional LOE by USAID.

Funding Modifications:
Incremental funding per Modification 3 was received on 4th July of this reporting period, with gratitude, after coming very close to ceasing implementation. Much of September was spent on administrative matters related to the need for the next funds increment.
On other funds related matters, CCP was informed that it was selected to serve as the PHFS community partner for Sofala Province, with funds coming for two years of activities, first in Dondo district in the first year, then expanding to the other 12 districts in that province in the second year. CCP was also informed that it would undergo a budget cut for Year 4.

M&E:
Data verifications were carried out in targeted districts during this quarter, as part of the comprehensive process to assure data quality for reporting implementation results. The new project Sr. M&E Officer participated in the DQA technical meeting in Durban in July, as well as

took the project database to the next level of usability. All these efforts contributed to the APR exercise with its due date in October of the next quarter, as well as to quarterly reporting.

Activity Area 5.2: Collaboration and partnership

To ensure coordination and collaboration, meetings with partners were held across the project with MISAU, MMAS, ANEMO, SDSMAS, DPS, DPMAS, Comité TARV, NPS, GAVV, INAS, Community Leaders, CHASS SMT and Niassa, TB CARE, ROADS, PATH, ADELT, REDE CAME, ICDP, FANTA and CAP, as well as with consortium partners Africare, Project HOPE, and World Relief, and issues discussed included:

- Improvement of defaulters record list
- Introduction of the referral tool to new HU technicians
- Coordination in respect to referral network
- Improve communication amongst partners
- Coordination of activities to commemorate October 1st (dia do idoso)
- *Activistas* professional behavior
- Coordination to commence activities with PATH
- Finalizing MoUs with REDE CAME and ICDP
- In Pemba 15 with SDSMAS, and 6 Comité TARV
- In Maputo 37 (24 SDSMAS, 5 Nucleo, 1 GAVV, 3 PATH, and 3 Government)
- In Maputo (1 REDE CAME and 2 ICDP)
- In Tete (3 with Forum Provincial das ONGs, 9 SDSMAS)

Participation in primarily GRM technical working groups remains a high priority, and CCP technical team members are well regarded for their participation and contributions. MMAS seems especially appreciative of the leadership by CCP in OVC care and support work. This project's leadership on the referral tool was discussed above.

Technical working group meetings with FANTA, URC, FHI 360/CCP and CHASS SMT on the Partnership for HIV Free Survivor (PHFS) have already resulted in coordinated activities being developed to be carried out by the community and clinical partners.

During this reporting period, the CCP OVC component participated in three technical meetings held in Maputo with Plan International, MMAS, and UNICEF. The objectives included respectively: i) to validate a study regarding prejudicial cultural practices in Mozambique of pre-mature marriages, child trafficking and child labor; ii) presentation of child protection system mapping; and iii) REPSSI conference presentation preparation. This conference will be held in Nairobi in October with the theme "*Mainstreaming psychosocial support in child protection.*"

CCP *activistas* continue collaborating with Health Units and existing social services in the community to strengthen referral linkages for enrolled project family members. Across the project, 11,464 were referred to clinical and social services in this reporting period (Table 2). This total represents all areas of referrals in the project.

While the number and sampling of variety of meetings are shown in this report, the real significance is the actual working together with government, civil society, international NGOs,

Mozambican NGOs, other projects, like-minded collaborators – all to achieve improvement in the quality of life of Mozambicans and to continuously build capacity at the community, district, and project team levels.

Major Implementation Issues

- The growing military political tensions and violent actions are creating worrying insecurity and risks to human well-being in certain implementing areas. People in affected districts suffer fear, constraints on their mobility and activities, reduced access to clinical and social services. Obviously this has impact on project implementation and results, on top of the potential negative human toll. Security alerts and travel ban directives also keep project staff from carrying out their TA and support activities, further isolating the implementing partners in highly affected areas.

- Incremental funding transitions result in challenging periods of slowing down, uncertainty, and demotivation.

- Linkages with clinical partners/Case Managers (CMs) remains challenging in some HU catchment areas, but CCP continues to reach out and, for example, initiate joint TA visits with clinical partners to clarify the role of CMs and *activistas* within the referral system.

Collaboration with other donor projects
This topic is well covered throughout this report.

Upcoming Plans

- Disseminate the Database for CSOs to all CCP provinces
- In Inhambane Province, Africa Works finalizing review of clients (VS&L) eligibility criteria for funding
    - FHI 360/CCP to present plenary session and attend regional PSS conference in Nairobi, Kenya, supporting MMAS representative to attend as well
    - CSO supervisors and CCP staff to replicate supportive supervision training
    - Reinforce the component of financial literacy and entrepreneurial skills
    - Conduct Refresher training to CSOs in the direct implementation areas (Niassa, Maputo and Cabo Delgado)
    - Identify, where possible, market opportunities to create economically viable participation of private sector in promoting financial literacy and other economic activities extending services to target communities
    - Link existing VS&L groups to MFIs for more formal financial services
    - Explore the possibility to legalize the VS&L Community Facilitators as community service provide to INEFP
    - ADEM to commence Organizational Capacity Building in their target districts
    - October is the month of completing the APR, Q12 report, all GRM provincial level reports, Expenditure Analysis, and TrainNet report
    - Hold the DQA training
    - Start Up of the 3 replacement implementing CSOs in Niassa province
    - CCP TOs to continue Coaching of previously CAP strengthened CSOs

- Produce all necessary Subcontract and GUC Amendments for next incremental funding
- When Yr 4 Workplan and Budget approved, commence emphasis on MoH Accelleration Plan target districts, increase identification and referral of PPPW, roll out of Parenting Skills talks using VS&L groups as platform, initiate rotating *activista* presence at HUs, increase OVC family heads in VS&L groups, and all components of Yr 4 Workplan
- Support MEASURE evaluation of mHealth mobile *busca activa* pilot in Sofala Province, with selection of *activistas* to receive mobile phones
- Support MEASURE evaluation of Integrated Caregiver model as needed
- Finance Team continue systematic Financial Site Visits to CCP CSOs, to monitor financial performance and compliance
- Commence on-the-job training model of refresher trainings

- **Evaluation/Assessment Update -**

Underway during the reporting period:	
Study 1: Feasibility Study of mHealth application in *busca activa* activity pilot, MEASURE Evaluation contracted by USAID. CCP *activistas* will be provided cell phones and training to use them for receiving the defaulter lists from the clinics and reporting back, in collaboration CHASS SMT clinic Case Managers from the clinic side. CHASS SMT has contracted with Dimagi as the technical provider. The cell phones are intended to replace the paper based and more time consuming travel to and from the clinics to carry out this regular activity. Study site is Munhava clinic area in Beira. CCP and CHASS SMT both are pleased with this additional opportunity to partner closely. All the involved parties based in the US and Mozambique hold bi weekly progress meetings, by teleconference. Study 2: Integrated Caregiver Model Evaluation. MEASURE again contracted by USAID, hired a Mozambican study coordinator, the evaluation protocol is well developed and has been submitted for IRB approval. Study sites have been selected.	

Success Stories, photos*:*
Success story excerpts are included throughout this report.

Financial Information:
Q4-Yr 3 Pipeline Report is attached as the first Annex.